

FRANCES WREDE GOLL GRAY SCHOLARSHIP

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____ Email Address: _____

Parent/Guardian's Name: _____

Are you or any of the following members of your family veterans?

Yes _____ No _____ Self: Yes _____ No _____

Veteran Parent(s) name _____

Veteran Grandparent(s) name _____

Veteran Other(s) (Spouse or Siblings) name: _____

EDUCATION INFORMATION:

Year you graduated/will graduate from Garner-Hayfield High School? _____

Field of study you plan to pursue? _____

Name of college/tech school you are planning to attend or are presently attending

Number of completed () semesters () quarters () other hours
_____ (college students only)

List educational institutions at which you have studied beginning with high school:

<u>Name</u>	<u>Address</u>	<u>Dates</u>	<u>Graduation</u>	<u>Degree</u>
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1.

2.

3.

Have you received the Frances Wrede Goll Gray Scholarship before? _____

If yes, number of years received: _____

Date _____ Applicant's Signature _____

Please write a paragraph explaining your financial needs and any other information you feel may be helpful to the committee. **(Please do not write your name on this page.)**

Please attach a copy of a current transcript . (High school seniors attach a transcript with seven semesters of grades). Mail or return this form plus the transcript to :

Jan Bier
Garner-Hayfield High School
605 Lyon Street
Garner, IA 50438

The due date for this scholarship is **April 10, 2009**. If you have any questions, please contact Mr. Haag, High School Guidance Counselor at 641-923-2632, or Phil Garland, President of Garner-Hayfield Education Foundation, at 641-923-3792. The Garner-Hayfield Education Foundation is the governing body for this scholarship.